## FILING DATE 10/505190 APPLICANT(S) MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS. AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. No. TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL 38